

# LANCASTER COUNTY ELECTION OFFICE POLL WORKER APPLICATION

1.    **APPLICANT'S NAME:**                      Preferred Name: \_\_\_\_\_  
      Last: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_
2.    \* Date of Birth: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_    \* Social Security Number \_\_\_\_\_
3.    Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
4.    HOME Street Address: \_\_\_\_\_  
      City: \_\_\_\_\_ Zip: \_\_\_\_\_
5.    Place of Employment: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Ext: \_\_\_\_\_
6.    Emergency Contact Person: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
      Daytime Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
7.    Applicant's Email Address: \_\_\_\_\_ @ \_\_\_\_\_
8.    If applicable, who referred you? \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR THE FOLLOWING QUESTIONS, CIRCLE "Y" FOR YES OR "N" FOR NO:**

- |   |   |   |  |
|---|---|---|--|
| 9.    Have you ever served as a poll worker?<br>If so, where?   | Y | N |  |
| 10.    Would you accept assignment to a precinct other than your own?<br>If Yes, how far would you be able to travel?   | Y | N |  |
| 11.    Could you work if called at the last minute?<br>If so, how much advance notice would you need?   | Y | N |  |
| 12.    * If asked to serve, do you meet the requirements of good eye sight<br>& good hearing; and are you able to sit from 8:00 a.m. to 8:00 p.m.?<br>If No, describe any special accommodation you might need: | Y | N |  |

**I CERTIFY THAT I AM NOW A REGISTERED VOTER IN LANCASTER COUNTY, THAT I AM PHYSICALLY ABLE TO PERFORM THE DUTIES OF ANY ASSIGNED POSITION, AND THAT THE FOREGOING ANSWERS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_**

**\* This information is required if you are hired in order to enter your records in our system. Age is not a bar to employment. Lancaster County is an affirmative action and equal opportunity employer.**

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**PRECINCT: \_\_\_\_\_ PARTY: \_\_\_\_\_ Processed by: \_\_\_\_\_**

Pollapp